

# TY 10 Substitute W3/W2 2-D Barcoding Standards

Version 1.2 July 16, 2010

# **History Log**

| Version | Date     | Summary of Changes                            | Editor |
|---------|----------|---|--------|
| 0.1     | 02/01/10 | Version 0.1                                   | OCO    |
| 1.0     | 03/03/10 | Comments incorporated.                        | OCO    |
| 1.1     | 05/05/10 | NACTP comments incorporated                   | OCO    |
|         |          | Modified W3 barcode layout in response to     |        |
|         |          | HIRE legislation                              |        |
|         |          | Removed 'positioning' layout from barcode     |        |
|         |          | for clarity                                   |        |
| 1.2     | 07/16/10 | Added box # to Employer country               | OCO    |
|         |          | Removed W2 box 12c future use                 |        |
|         |          | Expanded W2 state ID max field length to 26   |        |
|         |          | Removed (W2) from W2 Form description         |        |
|         |          | Expanded W2 Control Number to 21 positions    |        |
|         |          | Expanded ER and EE address line to 41         |        |
|         |          | positions. SSA will truncate to 22 positions. |        |
|         |          | Combined 'Other 1 -4' amount and text boxes   |        |
|         |          | on W2 to 'Other 1 – 4' alphanumeric.          |        |

## **Substitue W3/W2**

# **2D Barcoding Standards**

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#### 1. Overview

This document covers only the 2D barcode on substitute forms W3/W2. Information and specifications for Substitute Forms W2/W3 can be found in IRS Publication 1141 - General Rules and Specifications for Substitute Forms W-2 and W-3.

The 2D barcode is intended to represent the information on the paper W-2/W-3 form. In a situation where multiple W-2 forms are provided to an employee from one employer (for instance, an employee has more state withholding information than can be fit on a single form) a barcode will be placed on each W-2 form and will only contain the data on that form.

This version will comply with the computerized industry standards. If a software developer does not support 2-D barcodes, the area reserved for the barcode should be left blank.

A general rule that can be used to determine if a printer is capable of producing a 2-D barcode is if the printer can produce a graphic such as an agency seal or business logo, then the printer should be capable of producing a 2-D barcode that can be scanned.

#### 2. General Standards -

- The barcode will be a 2-D barcode in the PDF-417 format. The PDF 417 has error detection and correction capabilities. The error correction level should be set to level 4.
- All fields within the barcode are followed by a carriage return <cr>
- All fields are required, although a field can be left empty (leaving just the field terminating <cr>). Exception: Federal ID fields may not be left empty.
- Do not zero fill or fill with spaces if a field is to be left blank. If there is no data, a
  field should be left empty followed by a terminating <cr>
   determine how to handle empty fields. Exception: Federal ID fields must be zero
  filled if no data is available.
- EOD (End of Data): the final field in the data stream should be the characters \*EOD\* followed by a <cr>.
- Stretching or scaling the barcode changes its integrity and reduces the readability of the barcode; it should not be used.

#### 3. Approval Procedures -

- Software vendors should provide up-to-date contact information including accurate email addresses when submitting forms for approval.
- SSA can provide vendor codes for non-NACTP submissions.
- Test scenarios for 2-D barcode testing are via PDF.
- The format of the Form and the 2-D barcode data will be approved separately and simultaneously, if possible, to expedite the approval process. SSA will indicate exactly what is being approved.
- SSA requests 2 sheets of forms with test data for approval. If submitting a 2-D barcode for approval, at least one sheet with 2-D barcode sample must be a 'max-fill' sample. Samples with data fields that are maximum filled must have data in all fields. The data in the remaining 2-D barcode samples should reflect the data on the sheets.
- SSA requests one printout of a blank form (without data).
- The vendor number must be displayed on all pages generated.

## 4. Duration of Approvals

- Approvals are valid for only one tax year (January through December)
- In general, each new filing season requires new approval, even if the official form does not change.

Any questions about the bar-coded laser-printed Form W-2 (Copy A) and Form W-3 should be emailed to *laser.forms* @ssa.gov or sent to:

Social Security Administration
Data Operations Center
Attn: Laser Forms Approval, Room 348
1150 E. Mountain DriveWilkes-Barre, PA 18702-7997

#### 5. Barcode Specifications

- The barcode is defined as a 2-D barcode in the PDF-417 format. The PDF 417 has error detection and correction capabilities. The error correction level should be set to level 4.
- The Y/X ratio will be 2.
- The Mode setting will be ASCII to cover alphanumeric characters.
- The truncate symbol setting should be off to allow for right-side end bars.
- All fields within the barcode will use the carriage return <cr> as a field delimeter.

- All fields are required. If no data is provided, the barcode data for that field will be blank followed by the <cr>
   delimiter. Exception: Mandatory data fields may not be left empty.
- If there is no data for a field entry, the field should be left empty. Do not zero fill or pad with spaces if a field is to be left blank *Exception:* Mandatory data fields such as Federal ID must be zero filled if no data is available.
- EOD (End of Data): the final field in the data stream should be the characters \*EOD\* followed by a <cr>.
- Stretching or scaling the barcode changes its integrity and reduces the readability of the barcode; it should **not** be used.

#### 6. 2D Barcode Rules

- Money fields must:
  - Contain only numbers
  - No punctuation
  - No signed amounts (high order signed or low order signed).
  - No negative amounts
  - Include both dollars and cents with the decimal point assumed (example: \$59.60 = 5960)
  - Do not round to the nearest dollar (example: \$5,500.99 = 550099)

#### Address Fields

- Must conform to U.S. Postal Service rules since address fields are used by SSA to prepare mail correspondence, if necessary. For more information:
  - See U.S. Postal Service Publication 28; or
  - View the U.S. Postal Service website at: pe.usps.com/businessmail101/addressing/deliveryAddress.htm
  - Call the U.S. Postal Service at 1-800-275-8777.
- For State, use only the two-letter abbreviations
- Employer EIN
  - o Only numeric characters
  - Omit hyphens
  - o Do <u>not</u> begin with 00, 07, 08, 09, 17, 18, 19, 28, 29, 49, 69, 70, 78, 79, or
  - The employer EIN should normally match the EIN under which tax payments were submitted to the IRS under Form 941, 943, 944, CT-1 or Schedule H.
- Employee Name
  - o Enter the name exactly as shown on the individual's Social Security Card
    - Employee First Name
    - Employee Middle Initial

- Employee Last Name
- Suffix (if shown on Social Security Card)
- o Do not include any titles
- Social Security Number (SSN)
  - o Use the number shown on the original /replacement SSN card
  - Only numeric characters
  - o Omit hyphens
  - o May not begin with an 8 or 9
  - Do <u>not</u> enter a fictitious SSN (for example, 111111111, 333333333 or 123456789).
  - For valid range numbers, check the latest list of newly issued Social Security number ranges on the Internet at www.socialsecurity.gov/employer/ssnvhighgroup.htm.
  - If there is no SSN available for the employee, enter zeros (00000000) and have your employee call 1-800-772-1212 or visit their local Social Security office to obtain an SSN.

## 7. Field Types

| Field Type | Data Limitations  | Print Format              | 2-D Barcode Format |
|------------|---|---------------------------|--------------------|
| Text       | <ul> <li>All printable<br/>characters allowed</li> <li>No leading or<br/>trailing blanks</li> </ul>   |                           |                    |
| Amount     | <ul> <li>Money fields</li> <li>Only characters 0-9 allowed</li> <li>Right justified, no leading zeros</li> </ul>  | 999999999.99              | 9999999999         |
| Numeric    | Only characters 0-9 allowed   |                           |                    |
| Checkbox   | Must be capital "X" or empty  |                           |                    |
| Federal ID | <ul> <li>Only characters 0-9 allowed</li> <li>Must contain exactly nine characters</li> <li>May not be left blank. Zero fill if no ID is available</li> </ul> | 999-99-9999<br>99-9999999 | 99999999           |

# 8. W3 Barcode Layout

| <u>Description</u>                         | Box #<br>on<br>Form | Field Type | <u>Max</u><br><u>Field</u><br><u>Length</u> | <u>Field Notes</u>   |
|--|---------------------|------------|---|--|
| Header Version<br>Number                   |                     | Text       | 2   | Version of general 2-D specs used to create this barcode. This field is static. Currently, the text "T1"                             |
| Developer Code                             |                     | Numeric    | 4   | Vendor's NACTP ID or SSA provided ID. This field can be blank.   |
| Form Description                           |                     | Numeric    | 5   | 33333  |
| Form Year                                  |                     | Numeric    | 4   | Four digit year  |
| Specification<br>Version                   |                     | Text       | 5   | Version of this specification used to create this barcode. Currently, the text "10.01"   |
| Software ID                                |                     | Text       | 30  | Software product used to create this barcode. Should indicate product name and version.  |
| Control Number                             | а                   | Text       | 16  | This field is not used by SSA for paper processing. This field is used for numbering the whole transmittal. This field can be blank. |
| Employer<br>Identification<br>Number (EIN) | е                   | Federal ID | 9   | Numeric Only numeric characters  Onit hyphens Must NOT begin with 00, 07, 08, 09, 17, 18, 19, 28, 29, 49, 69, 70, 78, 79 or 89.      |
| Kind of Payer –<br>941                     | b                   | Check Box  | 1   | "X" Only one Kind of Payer box can be checked unless the 2 <sup>nd</sup> one is the 3 <sup>rd</sup> party sick pay box.              |

| <u>Description</u>                     | Box #<br>on<br>Form | Field Type   | Max<br>Field<br>Length | <u>Field Notes</u>  |
|--|---------------------|--------------|------------------------|---|
| Kind of Payer –<br>Military            | b                   | Check Box    | 1                      | "X" Only one Kind of Payer box can be checked unless the 2 <sup>nd</sup> one is the 3 <sup>rd</sup> party sick pay box. |
| Kind of Payer –<br>943                 | b                   | Check Box    | 1                      | "X" Only one Kind of Payer box can be checked unless the 2 <sup>nd</sup> one is the 3 <sup>rd</sup> party sick pay box. |
| Kind of Payer –<br>944                 | b                   | Check Box    | 1                      | "X" Only one Kind of Payer box can be checked unless the 2 <sup>nd</sup> one is the 3 <sup>rd</sup> party sick pay box. |
| Kind of Payer –<br>CT1                 | b                   | Check Box    | 1                      | "X" Only one Kind of Payer box can be checked unless the 2 <sup>nd</sup> one is the 3 <sup>rd</sup> party sick pay box. |
| Kind of Payer –<br>Household           | b                   | Check Box    | 1                      | "X" Only one Kind of Payer box can be checked unless the 2 <sup>nd</sup> one is the 3 <sup>rd</sup> party sick pay box. |
| Kind of Payer –<br>Medicare Gov<br>Emp | b                   | Check Box    | 1                      | "X" Only one Kind of Payer box can be checked unless the 2 <sup>nd</sup> one is the 3 <sup>rd</sup> party sick pay box. |
| Third -Party Sick<br>Pay Indicator     | b                   | Check Box    | 1                      | "X" Only one Kind of Payer box can be checked unless the 2 <sup>nd</sup> one is the 3 <sup>rd</sup> party sick pay box. |
| Total number of forms W-2              | С                   | Numeric      | 7                      |   |
| Establishment<br>Number                | d                   | AlphaNumeric | 4                      | For multiple ER submissions with same EIN. Enter any combination of blanks, number or letters.                          |

| <u>Description</u>              | Box #<br>on<br>Form | Field Type | <u>Max</u><br><u>Field</u><br><u>Length</u> | Field Notes  |
|---------------------------------|---------------------|------------|---|--|
| Employer Name                   | f                   | Text       | 57  |  |
| Employer<br>Address Line 1      | g                   | Text       | 35  |  |
| Employer<br>Address Line 2      | g                   | Text       | 35  |  |
| Employer City                   | g                   | Text       | 35  |  |
| Employer State                  | g                   | Text       | 2   |  |
| Employer Postal Code            | g                   | Text       | 9   | Populated for non-foreign addresses only.  |
| Employer<br>Country             | g                   | Text       | 32  | For use with Foreign addresses –This field is not used by SSA for paper processing   |
| Other EIN used this year        | h                   | Numeric    | 9   | Field can be blank; If not blank, the Other EIN must NOT begin with 00, 07, 08, 09, 17, 18, 19, 28, 29, 49, 69, 70, 78, 79 or 89.  • Omit hyphens. |
| Wages, Tips, other compensation | 1                   | Amount     | 15  |  |
| Federal Income<br>Tax withheld  | 2                   | Amount     | 15  |  |
| Social Security<br>Wages        | 3                   | Amount     | 15  |  |
| Social Security Tax withheld    | 4                   | Amount     | 15  |  |
| Medicare wages and tips         | 5                   | Amount     | 15  |  |
| Medicare tax withheld           | 6                   | Amount     | 15  |  |
| Social Security tips            | 7                   | Amount     | 15  |  |
| Allocated tips                  | 8                   | Amount     | 15  |  |
| Advance EIC payments            | 9                   | Amount     | 15  |  |
| Dependent Care<br>Benefits      | 10                  | Amount     | 15  |  |
| Nonqualified plans              | 11                  | Amount     | 15  |  |

| <u>Description</u>                                   | Box #<br>on<br>Form | Field Type | <u>Max</u><br><u>Field</u><br><u>Length</u> | <u>Field Notes</u>   |
|--|---------------------|------------|---|--|
|  |                     |            |   |  |
| Deferred compensation                                | 12a                 | Amount     | 15  |  |
| HIRE Exempt  | 12b                 | Amount     | 15  | TY10   |
| For third-party sick pay use only                    | 13                  | Text       | 26  | This field is not used by SSA for paper processing. "Third-Party Sick Pay Recap" |
| Income tax withheld by payer of third-party sick pay | 14                  | Amount     | 15  |  |
| State Code   | 15                  | Text       | 2   | Appropriate postal numeric code  |
| State ID number                                      | 15                  | Text       | 26  | Employer's state ID number   |
| State Wages  | 16                  | Amount     | 15  | State wages, tips, etc.  |
| State Withheld                                       | 17                  | Amount     | 15  | State income tax   |
| Local Wages  | 18                  | Amount     | 15  | Local wages, tips, etc.  |
| Local Withheld                                       | 19                  | Amount     | 15  | Local income tax   |
| End of Data indicator                                |                     | *EOD*      | 5   | *EOD*  |

# 9. W2 Barcode Layout

## W2 Barcode Layout

|                           | Box # on<br>Form |            | Maximum<br>Field |  |
|---------------------------|------------------|------------|------------------|--|
| <u>Description</u>        | <u> </u>         | Field type | <u>Length</u>    | Field Notes  |
| Header Version Number     |                  | Text       | 2                | Version of general 2-D specs used to create this barcode. This field is static. Currently, the text "T1" |
| Developer Code            |                  | Numeric    | 4                | Vendor's NACTP ID or<br>SSA provided ID. This<br>field can be blank.                                     |
| Form Description /Form ID | _                | Numeric    | 5                | 22222  |
| Form Year (Tax Year)      |                  | Numeric    | 4                | Four digit year  |

|   | Box # on<br>Form |            | Maximum<br>Field |  |
|---|------------------|------------|------------------|--|
| <u>Description</u>                      | 101111           | Field type | <u>Length</u>    | Field Notes  |
| Specification Version                   |                  | Text       | 5                | Version of this specification used to create this barcode. Currently, the text "10.01"   |
| Software ID                             |                  | Text       | 30               | Software product used to create this bar code. Should indicate product name and version.   |
| Control Number                          | С                | Text       | 21               | This field is not used by SSA for paper processing. This field is used for numbering the whole transmittal. This field can be blank.                     |
| Employer Identification<br>Number (EIN) | b                | Federal ID | 9                | This is a required field  Enter only numeric characters  Omit hyphens  Must not begin with 00., 07, 08, 09, 17, 18, 19, 28, 29, 49, 69, 70, 78, 79 or 89 |
| Employer Name                           | d                | Text       | 41               |  |
| Employer Address Line 1                 | d                | Text       | 41               | SSA will truncate as needed  |
| Employer Address Line 2                 | d                | Text       | 41               |  |
| Employer City                           | d                | Text       | 27               |  |
| Employer State                          | d                | Text       | 2                | For a foreign address, fill with blanks  |
| Employer Postal Code                    | d                | Text       | 9                |  |
| Employer Country                        |                  | Text       | 41               | For use with Foreign addresses   |
| Employee SSN                            | а                | Federal ID | 9                | No dashes  |
| Employee First Name                     | е                | Text       | 15               |  |
| Employee Middle Initial                 | е                | Text       | 1                |  |
| Employee Last Name                      | е                | Text       | 20               |  |
| Employee Suffix                         | е                | Text       | 4                |  |
| Employee Address Line 1                 | f                | Text       | 41               | SSA will truncate as   |

|                         | Box # on    |                   | <u>Maximum</u> |  |
|-------------------------|-------------|-------------------|----------------|--|
|                         | <u>Form</u> |                   | Field          |  |
| <u>Description</u>      |             | Field type        | <u>Length</u>  | <u>Field Notes</u>   |
|                         |             | <b>-</b> ,        | 4.4            | needed   |
| Employee Address Line 2 | f           | Text              | 41             |  |
| Employee City           | f           | Text              | 27             |  |
| Employee State          | f           | Text              | 2              |  |
| Employee Postal Code    | f           | Text              | 9              |  |
| Employee Country        | f           | Text              | 41             | For use with Foreign addresses   |
| Wages, Tips, other      | 1           | Amount            | 11             |  |
| Federal Withholding     | 2           | Amount            | 11             |  |
| Social Sec Wages        | 3           | Amount            | 11             |  |
| Social Sec Tax          | 4           | Amount            | 11             |  |
| Medicare Wages & Tips   | 5           | Amount            | 11             |  |
| Medicare Tax            | 6           | Amount            | 11             |  |
| Social Sec Tips         | 7           | Amount            | 11             |  |
| Allocated Tips          | 8           | Amount            | 11             |  |
| Advanced EIC            | 9           | Amount            | 11             |  |
| Dependent care          | 10          | Amount            | 11             |  |
| Non-qualified plan      | 11          | Amount            | 11             |  |
| Code 1                  | 12a         | Text              | 2              | These are for box 12; up to four box 12 items per form are supported.                      |
| Code 1 Year             |             | Numeric           | 2              |  |
| Code 1 Amount           | 12a         | Amount            | 11             |  |
| Code 2                  | 12b         | Text              | 2              |  |
| Code 2 Year             |             | Numeric           | 2              |  |
| Code 2 Amount           | 12b         | Amount            | 11             |  |
| Code 3                  | 12c         | Text              | 2              |  |
| Code 3 Year             |             | Numeric           | 2              |  |
| Code 3 Amount           | 12c         | Amount            | 11             |  |
| Code 4                  | 12d         | Text              | 2              |  |
| Code 4 Year             |             | Numeric           | 2              |  |
| Code 4 Amount           | 12d         | Amount            | 11             |  |
| Statutory Employee      | 13          | Checkbox          | 1              |  |
| Retirement Plan         | 13          | Checkbox          | 1              |  |
| Third Party Sick pay    | 13          | Checkbox          | 1              |  |
| Other 1                 | 14          | Alpha-<br>Numeric | 15             | These are for box 14;<br>up to four box 14 items<br>per form are<br>supported. Description |

SSA's TY10 Substitute W3/W2 2D Barcoding Standards

|                       | Box # on<br>Form |                   | Maximum<br>Field |                          |
|-----------------------|------------------|-------------------|------------------|--------------------------|
| <u>Description</u>    | 101111           | Field type        | <u>Length</u>    | Field Notes              |
|                       |                  |                   |                  | first followed by amount |
| Other 2               | 14               | Alpha-<br>Numeric | 17               |                          |
| Other 3               | 14               | Alpha-<br>Numeric | 17               |                          |
| Other 4               | 14               | Alpha-<br>Numeric | 17               |                          |
| State 1 Code          | 15               | Text              | 2                |                          |
| State 1 ID number     | 15               | Text              | 18               |                          |
| State 1 Wages         | 16               | Amount            | 11               |                          |
| State 1 Withheld      | 17               | Amount            | 11               |                          |
| State 2 Code          | 15               | Text              | 2                |                          |
| State 2 ID number     | 15               | Text              | 18               |                          |
| State 2 Wages         | 16               | Amount            | 11               |                          |
| State 2 Withheld      | 17               | Amount            | 11               |                          |
| Local 1 Name          | 20               | Text              | 7                |                          |
| Local 1 Wages         | 18               | Amount            | 11               |                          |
| Local 1 Withheld      | 19               | Amount            | 11               |                          |
| Local 2 Name          | 20               | Text              | 7                |                          |
| Local 2 Wages         | 18               | Amount            | 11               | _                        |
| Local 2 Withheld      | 19               | Amount            | 11               |                          |
| End of Data indicator |                  | Text              | 5                | *EOD*                    |